

Case Management

CM / ECF

Electronic Case Files

NOTICE REGARDING CHANGES FOR POINT OF SALE TRANSACTION

Commencing September 1, 2004, the ECF system will convert to a new point of sale module (Pay.Gov). Registered e:filers will experience some minor screen changes, including the option of having the point of sale confirmation emailed to any address. This new system will require you to complete certain payment fields(indicated by **red** asterisks), in addition to an authorization field. The attached screen shots are provided for your reference.

Enter Payment Information

Cardholder Name:	<input type="text" value="Attorney"/>	*
Address:	<input type="text" value="PO Box 3310"/>	*
Address 2:	<input type="text"/>	
City:	<input type="text"/>	
<input checked="" type="radio"/> State:	<input type="text" value="-----"/>	-- <input type="radio"/> Province /
		OR- Region /
		- County:
Country:	<input type="text"/>	
(Instead of state, if necessary)		
Zip Code:	<input type="text" value="49501"/>	*
Card Type:	<input type="text" value="Visa"/>	*
Card Number:	<input type="text" value="4111111111111111"/>	*
Security Code:	<input type="text"/>	
Expiration Date:	<input type="text" value="December"/> / <input type="text" value="2004"/>	*
Payment Amount:	<input type="text" value="\$26.00"/>	*

Payment Summary and Authorization

Cardholder Name:	Attorney
Address:	PO Box 3310
Address 2:	
City:	
State:	
Country:	
Zip Code:	49501
Card Type:	Visa
Card Number:	*****1111
Expiration Date:	12 / 2004
Payment Amount:	\$26.00
Current Date and Time:	08/23/2004 03:07 PM

Authorization*

☒ I authorize a charge to my card account for the above amount in accordance with my card issuer agreement.

Confirmation Receipt Request

To have a confirmation email sent to you upon completion of this transaction, provide an email address and confirmation below.

Email Address:

Re-enter Email Address to Confirm: